

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAR 20 1937

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

6749

## 1. PLACE OF DEATH

County Jasper  
Township Argosion  
City Carthage (No. \_\_\_\_\_)

Registration District No. 408  
Primary Registration District No. 3020

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

## 2. FULL NAME

William Alexander Bowman  
(a) Residence, No. 518 E. Sixth St., \_\_\_\_\_ Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. / mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mollie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 2, 1853

7. AGE YEARS 83 MONTHS 6 DAYS 8 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Ozark (STATE OR COUNTRY) Missouri

13. NAME Wm. Bowman

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Tenn.

15. MAIDEN NAME Elizabeth

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Tenn.

17. INFORMANT Mrs. Mollie Bowman (ADDRESS) 518 - E. 6th St.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Stotts City DATE July 12, 1937

19. UNDERTAKER Wm. Mortuary (ADDRESS) Carthage, Mo.

20. FILED Feb. 12, 1937 S. B. Shinton Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1/16, 1937, to 2/9, 1937

I last saw him alive on 2/7, 1937. Death is said

to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

chr. intestinal obstruction  
cause unknown Date of onset 1936

Other contributory causes of importance:

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis gen. phys. Was there an autopsy? no

23. If death was due to external cause (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) H. L. LaFare, M. D.

(Address) Carthage Mo.

